

EXHIBIT 24



Justice
Naturalization Service

OMB #1115-0134

Medical Examination of Aliens Seeking Adjustment of Status

Please type or print clearly)

3. File number (A number)

on the date shown / examined:

4. Sex

☒ Male☐ Female

5. Date of birth (Month/Day/Year)

4 7 65

6. Country of birth

DOMINICAN REP.

7. Date of examination (Month/Day/Year)

10-28-88

2. Address (Street number and name)

(Apt. number)

66 WELLINGTON HILL

1

(City)

(State)

(ZIP Code)

MATTAPAN MA 02126

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

☒ No apparent defect, disease, or disability.☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid☐ Chronic alcoholism☐ Gonorrhea☐ Granuloma inguinale☐ Hansen's disease, infectious☐ HIV infection☐ Insanity☐ Lymphogranuloma venereum☐ Mental defect☐ Mental retardation☐ Narcotic drug addiction☐ Previous occurrence of one or more attacks of insanity☐ Psychopathic personality☐ Sexual deviation☐ Syphilis, infectious☐ Tuberculosis, active☐ Other physical defect, disease or disability (specify below).

Class B Conditions

☐ Hansen's disease, not infectious☐ Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction _____ mm☐ No reaction☐ Not done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal☒ Normal☐ Not done

Doctor's name (please print)

Date read

David Rosengard, M.D. 11/1/88

Serologic Test for Syphilis

☐ Reactive Titer (confirmatory test performed)☒ Nonreactive

Test Type

RPR

Doctor's name (please print)

Date read

DAVID ROSENGARD, M.D. 10/31/88

Serologic Test for HIV Antibody

☐ Positive (confirmed by Western blot)☒ Negative

Test Type

HIV AB., EIA, SERUM

Doctor's name (please print)

Date read

DAVID ROSENGARD, M.D. 10/31/88

Immunization Determination (DTP, OPV, MMR, Td-Refer to PHS Guidelines for recommendations.)

☐ Applicant is current for recommended age-specific immunizations.☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

Applicant Certification:

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

X Santa R. Romero

10-28-88

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name and address (please type or print clearly)

Doctor's signature

11/2/88

David Rosengard, M.D., 380 W. Broadway
South Boston, Mass 02127David Rosengard, M.D.
Civil Surgeon, U.S. INS

APPLICANT

LEAVE BLANK

DO NOT PRINT ALL INFORMATION IN BLOCK

DO NOT PRINT

LEAVE BLANK

LAST NAME NAME

FIRST NAME

MIDDLE NAME

ROMERO SANTO

SIGNATURE OF PERSON FINGERPRINTED

Santo B. Romero

ADDRESS OF PERSON FINGERPRINTED

WELLINGTON HILL APT. 1
ATTAPAN, MA. 02126

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

Richard R. Gendron

OFFICE AND ADDRESS

ELF 66 WELLINGTON HILL
ATTAPAN MA. 02126

DATE FINGERPRINTED

STATUS ADJUSTMENT

IC
F
I

UTINSRPFZ

USINS - XPE

REG PROS FAC

BURLINGTON, VT

DATE OF BIRTH DOB

Mon: 4 Day: 7 Year: 65

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

M

HISP

5'6"

135

BLK

BLK

BANI, DOM, REP

LEAVE BLANK

CLASS

REF

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MIDDLE FINGER NO. MINU



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